

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-115  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Yazoo  
 Permit #: 6W43081  
 Driller: Irrigation Equipment  
 Date drilling completed: 3/19/09

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Quofaloma Partnership</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2137 S Cunningham Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Tchula</u> <u>Ms.</u> <u>39169</u>	<u>NW 1/4, NW 1/4</u> Sec <u>16</u> Twn <u>13N</u> Rng <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 392-3365</u>	<u>1</u> Miles <u>East</u> of <u>Eden</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply  Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 3/19/09 Date well drilling completed: 3/19/09

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 3/20/09

Method of Measurement (circle one)  steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 78 feet to 117 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Irrigation Equipment Inc.  
John P. Chism 0439

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor John P. Chism

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 YMD JOINT WATER  
 MANAGEMENT DISTRICT

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
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(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B-115  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Yazoo  
Permit #: GW43081  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3/19/09

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Quofaloma Partnership</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2137 S Cunningham Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tchula</u> Ms. <u>39169</u>	<u>NW 1/4, NW 1/4</u> Sec <u>16</u> Twn <u>13N</u> Rng <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 392-3365</u>	<u>1</u> Miles <u>East</u> of <u>Eden</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>3/19/09</u>	Date well drilling completed: <u>3/19/09</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>17</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>3/20/09</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>117</u> Well depth: <u>117</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>77</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>78</u> feet to <u>117</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
Irrigation Equipment Inc. John P. Chism 0439	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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BY: OLWR



# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Yazoo  
Permit #: QW43081  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 3/19/09

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B-115  
Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Quofaloma Partnership</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2137 S. Cunningham Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS.
<u>Tchula</u> <u>Ms</u> <u>39169</u> City State Zip Code	<u>NW 1/4</u> <u>NW 1/4</u> Sec <u>16</u> Twn <u>13N</u> Rng <u>1W</u>
Telephone No. <u>(662) 392-3365</u>	Distance Direction Nearest Town <u>1</u> Miles <u>East</u> of <u>Eden</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>3/20/09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1800<sup>±</sup></u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge

John P. Chism      0439

Print Name of Pump Installer and License No. (if applicable)

John P. Chism  
Signature of Pump Installer

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MAR 26 2009

BY: OLWR